



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600003

CITY OR TOWN ROCKPORT

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BRACKETT'S OCEANVIEW RESTAURANT INC.

DOING BUSINESS AS BRACKETT'S OCEANVIEW RESTAURANT

ADDRESS 25 MAIN STREET

CITY/TOWN: ROCKPORT

STATE: MA

ZIP CODE: 01966

MANAGER: BRACKETT JR.,
CHARLES H.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2 CONNECTED MULTI-LEVEL BLDGS. STREET LEVEL: 3 ENTRY/ EXITS; 1 EMERG. EXIT IN DINING AREA; BASEMNT. LEVEL; 1 SIDE ENTRY/EXIT AND 2 REAR ENTRY/EXITS; ONE BLDG. WOOD, OTHER IS BRICK. ENTIRE PROPERTY IS PROTECTED BY WET SPRINKLER SYSTEM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600004

CITY OR TOWN ROCKPORT

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: 68 BEARSKIN NECK, LLC

DOING BUSINESS AS MY PLACE BY THE SEA

ADDRESS 68 BEARSKIN NECK

CITY/TOWN: ROCKPORT

STATE: MA

ZIP CODE: 01966

MANAGER: STAVROPOULOS, TYPE OF LICENSE: Restaurant
BARBARA

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

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1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600007

CITY OR TOWN ROCKPORT

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ELLEN'S COFFEE SHOP, INC

DOING BUSINESS AS ELLEN'S HARBORSIDE

ADDRESS 1 T WHARF

CITY/TOWN: ROCKPORT

STATE: MA

ZIP CODE: 01966

MANAGER: BALZARINI, LISA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600008

CITY OR TOWN ROCKPORT

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: Karin J. Porter

DOING BUSINESS AS Fish Shack Restaurant

ADDRESS 21 Dock Square

CITY/TOWN: ROCKPORT

STATE: MA

ZIP CODE: 01966

MANAGER: Porter, Karin J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

Full service waterfront restaurant

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600015

CITY OR TOWN ROCKPORT

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BLUE LOBSTER GRILLE, LLC

DOING BUSINESS AS

ADDRESS 15 DOCK SQUARE

CITY/TOWN: ROCKPORT

STATE: MA

ZIP CODE: 01966

MANAGER: MCCARTHY,
MAURA E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF THREE STORY WOOD STRUCTURE. THE FIRST FLOOR IS A COMMERCIAL RESTAURANT. MAIN ACCESS ABUTTING DOCK SQUARE. EMERGENCY EXIT IN REAR OF FIRST FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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